



CENTRON SECURITY SERVICES

Daily Security Report

Client No. 2036		Client Name OH MATERIALS				Location 1002 OSWEGO ST UTICA NY				Date 6/30/87			
Facility	Detect Clock	Weapon	Holster	Nightstick	Raincoat	Flashlight	Other two GATE KEYS - LOG BOOK - RADIO						
Officers: Fully explain all items marked "Yes" with time and all detail. For additional space use reverse side and attach incident reports.		Officer—Day Shift (Name) GEORGE, JOHN D				Officer—Swing Shift (Name) Brian Waller				Officer—Grave Shift (Name) Dick Kozoski			
Shift		Shift				Shift				Shift			
Began 8		AM-PM				Ended 4				AM-PM			
Observations or actions taken		Yes				No				Explanation			
Rounds or stations missed		✓											
Unlocked doors, gates or windows		✓											
Unlocked vaults or safes		✓											
Fire-smoke-or hazards		✓											
1. Extinguishers missing or defective		✓											
2. Sprinkler system defective		✓											
3. Fire doors or exits blocked		✓											
4. Rubbish accumulation		✓											
5. Motors running		✓											
6. Lights left burning		✓											
Injury hazards		✓											
Visitors		✓											
Trespassing		✓											
Violation of company rules		✓											
Remarks													

IMPORTANT: If you were ill or injured please explain on the reverse side of this form and call your supervisor before leaving this post.

1. Were you injured during this tour?	Day Shift	1	Yes	No	2	Yes	No	3	Yes	No	Swing Shift	1	Yes	No	2	Yes	No	3	Grave Shift	1	Yes	No	2	Yes	No	3
2. Did you suffer any illness?	Day Shift	1	Yes	No	2	Yes	No	3	Yes	No	Swing Shift	1	Yes	No	2	Yes	No	3	Grave Shift	1	Yes	No	2	Yes	No	3
3. Have you reported all accidents coming to your attention?	Day Shift	1	Yes	No	2	Yes	No	3	Yes	No	Swing Shift	1	Yes	No	2	Yes	No	3	Grave Shift	1	Yes	No	2	Yes	No	3
Signatures		1		2		3		1		2		3		1		2		3		1		2		3		
Signatures		1		2		3		1		2		3		1		2		3		1		2		3		
Signatures		1		2		3		1		2		3		1		2		3		1		2		3		

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